VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

April 2, 2014

Mr. Dane Rank, Administrator
Thompson Residential Home
80 Maple Street
PO Box 1117
Brattleboro, VT 05302-1117

Provider # 0156

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite complaint investigation conducted on **January 15, 2014.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0156	A. BUILDING: _____ B. WING _____	C 01/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMPSON RESIDENTIAL HOME	80 MAPLE STREET PO BOX 1117 BRATTLEBORO, VT 05302

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 1/14 and 1/15/14. There were regulatory deficiencies identified. The findings include;	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that each resident's medication, treatment, and dietary services shall be consistent with the physician's orders for 2 resident's identified (#1 and #2. The findings include; 1. Per review of an internal medication error report dated 1/11/14, Resident #1 had not received his/her scheduled medications from the nurse. The physician's order's indicated that Resident #1 was to receive Melatonin 1 mg by mouth at bedtime, Ferrous Sulfate 325 mg by mouth a bedtime, and Metoprolol Succ ER 50mg once a day scheduled for 5 PM. Per review of the medication administration sheets, there was no evidence that Resident #1 received the ordered medications on 11/9/14. Per interview on 1/15/14 with the facility	R128	R128 5.5.c Policies regarding administration of medications and treatments, and notification of physician were reviewed and updated as necessary. DNS or designee to provide education to staff responsible for administration of medications and treatments, and notification of physician. Resident MAR's and TAR's will be reviewed weekly for compliance. Corrective action will be done as needed. Results will be reported a QA meetings. DNS to monitor for compliance. Res #1 no adverse effects noted by staff. SW to meet x resident to discuss feelings of safety + needs met by staff Medical Director aware of incident. MK 2/14/14	2/12/14 2/19/14 Ongoing Ongoing

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2/12/14

R128, R179, R190, +R191 POC's accepted 4/2/14 mcculhanRN/PMC

PMC

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R128	Continued From page 1 Registered Nurse scheduled to administer medications to Resident #1 on 1/9/14, he/she confirmed that he/she had not administered the ordered medications. The RN indicated he/she was really busy with an after hours admission and didn't get a chance to administer medications to Resident #1. Per interview the RN confirmed that he/she had not notified the ordering physician that medications were not passed to Resident #1 on the evening shift as required. Per review of the facility policy and procedure titled "Physician, Family/Responsible Party Notification" indicates that facility staff are to notify the physician, family/responsible party of situations/incidents that are not of a sudden, significant, or result in injury shall take place in a timely manner between the hours of 8 am to 10 PM, timely notification shall not exceed 48 hours. Per interview the RN indicated that he/she did not follow the facility policy for notification of physician. 2. Per review of an internal medication error report dated 1/11/14, Resident #2 had not received his/her scheduled treatment from the nurse. The physician's order's indicated that Resident #2 was to have a wound treatment completed three times a week scheduled for the evening shift. The wound treatment indicated that staff was to apply a Melgisorb Ag to wound on the left leg and cover with Mepilex border. Per review of the medication administration sheets, there was no evidence that Resident #2 had the wound dressing changed as ordered on 1/9/14. Per interview on 1/15/14 with the facility Registered Nurse scheduled to complete the treatment ordered by the physician on 1/9/14, he/she indicated he/she had no knowledge of why	R128	Res #2 Dsg changed 1/11/14 with no adverse effect noted by staff. SW to meet with resident to discuss feelings of safety and needs being met by staff. Medical Director aware of incident. GK 2/14/14	

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R128	Continued From page 2 it was not done.	R128	R179 5.11.b	
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that staff providing care to Residential Care residents demonstrated competency in skills and techniques performed when providing direct care to residents and also	R179	SDC compiled a list of annual in-service education hours by date of hire and hours required to be in compliance. Staff Development policy was reviewed and updated. Competencies were completed for staff starting in August as part of annual evaluation process. DNS or designee will ensure all staff have a Skills checklist competency completed as part of the annual evaluation process. Staff will be provided with a notice of in-service education hours needed annually by date of hire. This list will be updated monthly. Results will be reported at QA meetings. DNS to monitor for compliance.	2/6/14 2/10/14 Ongoing Ongoing Ongoing

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R179	Continued From page 3 received the required 12 hours of annual education. 1. Per review of the list of employees that provide care for the Residential Care Home (RCH) residents on 1/14/14, a sample of staff was picked and their education records and competencies were reviewed. Per review of the 12 RCH staff members selected none of the staff members had documentation of competencies performed or 12 hours of annual in-service education covering the required topics in 2013. Per interview with the Staff Educator on 1/14/14, the Staff educator confirmed after review of the sampled employee education records that there was no evidence of the required 12 hours of inservice training. The staff educator also indicated that no competencies were completed for any staff that give direct care to RCH residents.	R179	R190 5.12.b (4) Criminal Records Background check, OIG check, and Adult and Child Abuse Registry checks were verified for all current employees. Criminal Records Background check, OIG check, and Adult and Child Abuse Registry checks older than 2 years will be resubmitted, received and kept in the employee personnel file. Policies regarding Background Checks were reviewed and updated as necessary. Audits of personnel records will be completed to ensure records are complete.	2/12/14 2/26/14 2/12/14 Ongoing
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that criminal and abuse registry checks were completed for all staff. 1. Per review of the facility internal reports, the reports indicate that on four separate occasions from 2/23/13 until 1/11/14, a facility Registered	R190	Results will be reported at QA meetings. Administrator to monitor for compliance.	Ongoing

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R190	Continued From page 4 Nurse had been accused of failing to provide medications and possible misappropriation of resident's medications. Per review on 1/15/13 of the employee file of the accused Registered Nurse assigned to provide care to Residential Care residents, there was no evidence that the Registered Nurse had all the required background checks completed. There was no evidence of an OIG check (Office of the Inspector General) or a child abuse check completed. Per interview on 1/15/14 with the facility Administrator, he/she reviewed the employee file and confirmed that he/she was unable to find documentation that all the required background checks were completed for the RN on hire as per regulatory requirements.	R190		
			R191 5.12.c	
			Policies regarding investigation and reporting were reviewed and updated as necessary.	2/12/14
			DNS or designee to provide education to staff regarding investigation and reporting.	2/19/14
			All concern forms will be reviewed by the administrator and appropriate actions will be taken,	Ongoing
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a	R191		
			Concerns and investigations will be reviewed at QA meetings.	Ongoing

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R191	Continued From page 5 record kept on file. 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that allegations made of possible misappropriation of resident's medications and allegations of failure to provide medications as ordered to resident's were reported to the appropriate state agency. The findings include; 1. Per review of the facility internal investigations	R191		

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R191	Continued From page 6 on 1/14 and 1/15/14, on 2/28/13 a concern form was initiated by a staff nurse regarding concerns that another facility Registered Nurse was acting strangely regarding the medication cart during an end of shift medication count which prompted staff to report to Administration on 2/28/13 possible drug diversion (the taking of or removing of other medications for personal use). Per review of the internal investigation provided by the Administrator on 1/14/14, there was no evidence that a complete and thorough investigation had been done by the facility regarding accusations made on 2/28/13 of possible drug diversion. Per interview with the facility Administrator, he/she indicated that the facility had no additional documentation regarding the 2/28/13 incident. Per interview and after review of the documentation the facility Administrator confirmed that the facility had not reported the 2/28/13 allegation of possible misappropriation of resident medications until 12/13/13 via letter.	R191		